IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Manasseh et al.

Serial No.:

10/506,368

For:

METHOD AND APPARATUS FOR TRAVELER INTERACTIONS

MANAGEMENT

Filed:

January 21, 2005

Examiner:

Kent Wang

Art Unit:

2622

Confirmation No.: 1079

Customer No.:

27,623

Attorney Docket No.: 0004800USU/2279

Mail Stop RCE **COMMISSIONER FOR PATENTS** P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

<u>AMENDMENT TRANSMITTAL</u>

We are enclosing an Amendment accompanied by an RCE in response to the Final Office Action dated September 17, 2008 in the above-identified application.

	Petition for extension of time pursuant to 37 C.F.R. §§ 1.136 and 1.137 is hereby
made	if, and to the extent, required. The fee for this extension of time is calculated to
be \$_	to extend the time for filing this response until

The fee for any change in number of claims has been calculated as shown below.

	······································	C	LAIMS AS AME	NDED		
	Claims Remaining After Amendment		Highest Number Previously Paid	Present Extra	Rate	
Total Claims	59	Minus	54	5	x \$52.00	\$260.00
Independent Claims	3	Minus	5		x \$220.00	\$0
MULT	MULTIPLE DEPENDENT CLAIM FEE					x \$370.00 = \$_
TOTA	TOTAL FEE FOR CLAIM CHANGES					\$260.00
1/2 FILING FEE FOR SMALL ENTITY						\$N/A_

The total fee for this amendment, incl time and RCE fee is calculated to be	uding claim changes (\$260.00), any extension of \$1070.00.
A check in the amount of \$	is attached.
additional fees under 37 C.F.R. §§1.1 communication or during the entire pe	Pamela L. Wingood Attorney for Applicant(s) Registration No. 54,903 Ohlandt, Greeley, Ruggiero & Perle, L.L.P. One Landmark Square, 10 th Floor Stamford, CT 06901-2682 Telephone: (203) 327-4500
	Telefax: (203) 327-6401

DEC 1 9 2008

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MULT	IPLE DEPENDEN	CLAIM FEE					x \$370.00 = \$
TOTAL FEE FOR CLAIM CHANGES			\$260.00				
1/2 FILING FEE FOR SMALL ENTITY						\$N/A	

The total fee for this amendment, including claim changes (\$260.00), any extension of time and RCE fee is calculated to be \$1070.00.
A check in the amount of \$ is attached.
X The Commissioner is hereby authorized to charge the fee of \$1070.00, any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 01-0467. A duplicate copy of this Form is
December 17, 2008
Date / Pamela L./Wingood Attorney for Applicant(s) Registration No. 54,903 Ohlandt, Greeley, Ruggiero & Perle, L.L.P.
One Landmark Square, 10 th Floor Stamford, CT 06901-2682 Telephone: (203) 327-4500 Telefax: (203) 327-6401